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PLACE OF DEATH County Death	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 96
Village or City Jerryrlle (No	St.: Ward) St.: Ward) Boys (If death occurred is a hospital or institution, give lts NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Surgle OR DIVORCED (Write the word)	16 DATE OF DEATH Jet. (et , 1937 (Month) (Day) (Year)
G DATE OF BIRTH Jeb 1 dt , 1932 (Month) (Day) (Year)	that I last saw h water or held to 1927.
7 AGE Still form ds. If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Remature Birth
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER MA Harmon Boyd 11 BIRTHPLACE OF FATHER MA	(Signed)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 MAIDEN NAME OF MOTHER 15 DIRTHPLACE OF MOTHER MA MA MA MA MA MA MA MA MA M	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yes Moss State yes Moss Moss State yes Moss Moss Moss Moss Moss Moss Moss Mo
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Coulyn & Buyd	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Feb 5 1932 L. F. Dauders Registrar	20 UNDERTAKER ADDRESS ADDRES

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precious control winc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Campositor, Archited, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Hausework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation; business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, ar Al home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealespecially in industrial employments, it is neces-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"('Inanition,') "Heart range, "Old Age," "Shock,"
"('Inanition," "Weakness," etc., when a definite disease redamus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound af head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of etc. The contributory

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

IAR 4 1932

If more blanks are needed, addre.s Ltate Negistrar, 18 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., William laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, household only Foreman, (b) For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (not paid Housekeepers who receive a Automobile factory. The material -Coal mine, etc. Wom-Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Inphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "E.haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Ilaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the or intercurrent) Chronic Example: Measles (disease "," "Coma," "Convulsions, affection need not be etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYL CERTIFICATE OF DEATH Registration Dist. No..... (if death occurred ln (Ward) a hospital or institu-tion, give its NAME in-stead of street and Village or City number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED WIDOWED OR DIVORCED ould may n bac (Write the word)(Day) (Year). HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than and that death occurred on the date stated above, at 7 AGE The CAUSE OF DEATH * was as follows: I day hrs. or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in(Durstion) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME AR 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs mos ds. should ent of O Where was disease contracted, if not at place of death?..... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item CIANS sho statement usual residence (Informant) 19 PLACE OF BURIAL OR REMOVAL Address 20 UNDERTAKER If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a en at home, who are engaged in the report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The materia -Coal mine, etc. Womnot gainfully emduties of the (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, statiouary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street cor	1 week ago
July 5, 1927	Peritonitis	3 doys ogo
	3 7 10	
	Other contributory suses of importance:	
Moy 1,1923	Gastroentcritis ()	1 year
	19 2 5	
	₹ 33 ₹	
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street cor July5,1927 Perilonitis Other contributory suses of importance:

CERTIFICATE OF DEATH 01544
(181)
Registration Dist. No. 93
No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
ds. How long In U.S. if of foreign birth?yrs mos ds.
Pa.St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH Febry 15 1937 (Month) (Day) (Year)
22, 1 HEREBY CERTIFY, That I attended deceased from
19to
I last sew h alive on, 19 ; death is seid
to have occurred on the date stated above, at 9.30 Rom.
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
were es rollows: Date of onset
Severe body burns
/
Investigated
Other Contributory Canada of Importance:
J. Helmy Thate,
-
Name of operation Oate of Oate
What test confirmed diagnosis? Wes there en autopsy?
23. If death was due to externel causes (VIOLENCE) fill in also the following:
Accident, sulcide, or homicide? ascarlant Oate of injury 7/1/1932
Where did injury occur? Near Calvert, Md, (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
at home on farm
Manner of Injury Cla Munga Causant fire
Neture of injury burned buyouth skeognitum
24. Was disease or injury in any way related to occupation of deceased?
If so, specify there may be a the present in
(Signety / Comments of the Com
(Address) Raying dans MA
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
******* * * * * * * * * * * * * * * *	1		
6-	43. 7. 7.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDIN

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should be stated EXACTLY, PHYSI-it may be properly classified. Exact RECORD PERMAN that ACE V. IS 80 Exervitem of information should be carefully supplied CIANS should state CAUSE OF DEATH in plain terms statement of OCCUPATION is very important. See instr UNFADING INK-THIS

PLACE OF DEATH County

82-0

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vard)	a hospital	occurred in or institu- ts NAME in-

renach De

Village or City Elfston (No.	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME In- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, MUIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from 1931 to 1 1 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
7 AGE 4 6 yrs. 7 mos. 2 ds. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs, mos ds. Contributory f y yrs, mos ds. Contributory (Duration) yrs, mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 NAME OF FATHER (State or country) 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN N	(Signed) (Address) (Address) (Address) (Signed) (Address) (Address
OF MOTHER Elizabeth Reduced 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Address) 206 Jeffry steluster	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL The self Christiania The 12, 193 = ADDRESS

Registrar

If more bianks are needed, address State Registrar, 16 W. Saratoga Ser, Balto., Requesting V. S. No. 1.

S. No. 1

N. B.--



REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Screant, Cook, Housemoid, etc. If the occupation has been changed ployed, us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, report specifically the occupations of persons en-Foremon, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Form laborer, Loborerwithout more precise specification as (b) Automobile factory. The materia. (a) the kind of work and also (b) the Salesman, Coal mine, etc. Wom-Locomotive engineer, not gainfully emduties of the (d) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dif-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-(tile only definite synonym is "Epidemic cerebro" meumonia, Bronchopneumonia for the same disease. Examples: Cerebrospinal ("Pneumonia,

> American Medical Association.) Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e g., sepsis, corbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Meosles; inges, peritonocum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"Exhaustion," Examples: Accidental drowning; Struck by railway train Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, resulting from childbirth or miscarriage as cough; or intercurrent) affection need not be ngenital," "Senile," etc., "Dropsy," "Heart failure," "Haemorrhage," Chronic valvular heart disease; Example: Measles (disease etc. The Nomenclature contributory death

perminently filed. answered in detail, it will prevent further correspondence. DIf this is essential and must be obtained before the certificate is certificate is looked over thoroughly and al questions

V. S. No, 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-3
County Cecil	Registration Dist. No. 94
Village or City North East	NoSt.,Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mos,ds,
9-8 7/ A. '	
THE WANTE	O W. J
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("critic the word) Male White married	21. DATE OF DEATH AND 2 4 A 193 2 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Dennie .	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mcl 13 1859	I last saw have alive on PSC 20, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4
72 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related caused of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Labore SAWYER, BOOKKEEPER, etc.	A Date of officer
SAWYER, BOOKKEEPER, etc.	Cleretrus.
Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Infoles
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1925) 11. Total time (years) spant in this occupation.	
12. BIRTHPLACE (city or town) Allaware (State or country)	Other Contributory Causes of importance:
13. NAME Richard Dennis	
13. NAME Richard Demis 14. BIRTHPLACE (city or town) (State or country)	Name of oparation Date of
(otate of county)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME No rinformation	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME No information 16. BIRTHPLACE (city or town) To informative (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT The days East Test	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Center Date Fiely 27 1032	Manner of injury
Place North East day Date Taly 27, 1932	Natura of injury
19. UNDERTAKER A. White	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 2/27, 19 32 Tes W. Quele Registrar.	(Signed) M. D. Moderss) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

* Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ·	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS E	3 Y	PHYSICIAN
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matrion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

ż

	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	946
County County	Registration Dist. No. 7/
Village or City Chesaplane City	NoSt., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
	os. ds How long in U.S. if of foreign birth?mos
2. FULL NAME MERGAREL S. XERQU	(A ore)
(a) Residence: No Chutalea Ru Cita	St., Ward.
(d) Residence. No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF BACE OR DIVORCED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7.6. /2 .193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY That I attended deceased f
0/4/1011	last saw h a alive on Ful (1932 death is
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.30 A. my
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of or 2/10
kind of work done, as SPINNER, // SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Plindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation	
0 4 0 0 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	arte is call
13. NAME John &, Herauson	- Steel selections
14. BIRTHPLACE (city or town) Ruil B Ind	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MARGARIA E, James	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Cascil Co Jud,	Accident, suicide, or homicide? Date of injury
≤ (State or country)	Where did injury occur?
17. INFORMANT MASS W. Howard (Address) Charless City and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Bulling Carrier Marke 2/14, 1931	Nature of injury
19. UNDERTAKER John & Collage	24. Was disease or injury in any way related to occupation of deceesed?
(Address) Opcillated Mag.	If so, specify
20. FILED 2/13 , 19 /3 Haward Brown	(Signed) Herbert Bales
Registrar.	(Address) - Rection and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage / MAR	July 5,1927	Peritonitis	3 days ago
BURRAR			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

nfor- state	STATE OF MARYLAND	CERTIFICATE OF DEATH 01548
ould state	1. PLACE OF DEATH	(121)
SE SE	County Cect	Registration Dist. No. 7.5
item of should of OCC	Village or City For S S March	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
ti Si ii	Length of residence in city or town where death occurredyrs,mos	
RECORD. Every PHYSICIANS Exact statement	2. FULL NAME Paul Franklin	Fields
9. E	(a) Residence; No.	St., Ward.
JRI HYS st	(Usual place of abode)	If nonresident give city or town and State
ECO PH Xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4. COLOR OR BACE OR DIVORCED ("write the word)	21. DATE OF DEATH February - 38 1932 (Year)
DIN AC A C Ssifi	5a. If married, widowed, or divolced HUSBAND of (or) WIFE of	22. July HEREBY CERTIFY, That I attended deceased from Z.7. 1932, to Z.7. 1932
Z ZXT.	6. DATE OF BIRTH (month, day, and year) SEC-4-1927	Hast saw h. 1 malive on Feb 27, 193 Zdeath is sald
FOR B IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.5 m.
FOR IS A I stated proper!	4 2 24- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
**	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Parto it 1/260
VED THIS Id be ty be ck of		Jum vumo //93
SERVI VK_T Should it may n back	work was done, es SILK MILL, SAW MILL, BANK, etc.	
(1) F-1		A
RES VG I AGE that	year) os:upation	Other Contributery flagues of importance:
	12. BIRTUPLACE (city or town)	uphateus 329
MARGIN UNFADII supplied. n terms, so		
UN UN pppl ter	E Antia Back	Name of operation Date of
TO	[14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Wes there an autopsy?
EEE.	# 15. MAIDEN NAME Murtle Presteries	23. If death was due to external causes (VIOLENCE) fill in also the following:
T. i. ta	15. MAIDEN NAME Vuytle Prestervey 16. BIRTHPLACE (city er town) (State or country)	Accident, sulcide, or homicide? Date of injury, 19
AINLY, d be car DEATH r import	(State or country)	Where did injury occur?(Specify city or town, county and State)
	THE THEORETIES IN CONTRACTOR OF THE PROPERTY O	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	10. Donne, diametrica, but urmover	Manner of injury
		Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER L. E. Juscon	24. Was disease or Injury in any way related to occupation of deceased?
EOH	(Addiess) Rusing Sun: Once	If so, specify
N. S. J.	20 ENRO / - 32	(Signed) M. D
> 4	Intesi IIIIIII M Registrar.	(Address) July Davis Plant Charles Court Publisher Publi
Ol.	mit wasper 3- 1- 1982	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run of cr by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH				(23)	
County Cecil				Registration Dist. No. 96	
Village or City Vete	rans Ad	ministr	ation Hosp	itado Perry Point, Md. St., If death occurred in a hospital or institution, give its NAME instead of street and st. How long in U.S. if of foreign birth? yrs. m	Ward
2. FULL NAME	GIBSON,	Harry	Lee XC-1	455 100	
(a) Residence; No.	No rway			St., Ward. If nonresident give city or town and	State
PERSONAL AND	STATISTIC	AL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	hite	OR DIVORCI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH February (Month) (Day)	, 193 2 • (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Single			22. I HEREBY CERTIFY, That I ettended December 3 19 31, to February	
6. DATE OF BIRTH (month, day, ar	d vest) Se	pt. 2,	1901	Hast sawh im alive on February 3 19 3	
7. AGE Years 30	Months 5	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 5:05A em. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trede, profession, or partic kind of work done, as SAWYER, BOOKKEEPER	uler SPINNER,	Barber	, VI	.Tuberculosis, Pulmonary, chronic, advanced, active.	Date of onset
kind of work done, as SAWYER, BOOKKEEPER SAWYER, BOOKKEEPER Work was done, as SILP SAW MILL, BANK, etc 10. Date deceased last worked the securation (month)	MILL,			2. Laryngitis, chronic tuberculous.	April 1930.
0 10. Date deceased last worked this occupation (month year)	at and 1929.	303	time (years) ent in this upation		
12. BIRTHPLACE (city or town) (State or country)	Norway	, S.C.		Other Contributory Canses of importance: Psychosis, toxic, pronounced	Oct.193
13. NAME G	. F. Gib	son			
13. NAME G 14. BIRTHPLACE (city or town) (State or country)	Unknow	n		Name of operation	eutopsy?NO
15. MAIDEN NAME	Miriam V	. Kittr	ell	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Unknow	n		Accident, suicide, or homicide? Dete of Injury Where did injury occur?	, 19
	pital Re erry Poi			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, GREMATION, OR REM Place Norway.,	OVAL		6 19 32	Manner of injury ————————————————————————————————————	
19. UNDERTAKER R. Madi	adison son Mitc	Mu hell,	dellavre de Gr	24. Was disease or injury in env wey related to occupation of deceased?	
20. FILED Left. 3 , 193			000	(Signed) F. E. LESLIE, Med. Officer i	n Charge

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING AGE should be mation should be carefully supplied. V. S. No. 1 N. B.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

stated EXACTLY.

of OCCUPA-

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis ·	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			114

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County lassifled. Registration Dist. No. (If death occurred in Ward) a hospital or Institu-tion, give Its NAME In-stead of street and EXA number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. OR DIVORCED pino (Day) (Year).... (Month) That Lattended the deceased 17 6 DATE OF BIRTH that I last saw h Malive on tha (Day) (Year) (Month) a If LESS than and that death occurred on the date stated above, at, 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry d business, or establishment in (Duration) Importa which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country 04 D W 10 NAME OF DO FATHER 1952 (Address) 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, // in Violent Causes, state (1) Means of Injury and (2) Whether (State or country) CAU 0 Accidental, Suicidal or Homicidal. C LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) OA stat 13 BIRTHPLACE In the At place OF MOTHER of death _____yrs.____mos,____ds, (State or Country 00 Where was disease contracted, if not at place of death? THE BEST OF MY KNOWLEDGE of Every Item CIANS sho statement usual residence (Informant) DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL (Address) 29 UNDERTAKER ADDRESS Filed If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

ESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus,
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condi-Chronic valvular etc. The contributory heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

or- or- A-	STATE OF MARTLAND	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(131)
	County Caceb 100	Registration Dist. No. 90
item of should of OCC	Village or City Carellow	No. St., Ward
.= 0 '		If death occurred in a hospital or institution, give its NAME instead of street and number)
Every MANS ement	Length of residence in city or town here death occurredyrsmo	ds. How long in U.S. if of foreign birth?yrsmosds.
Ev CIA	2. FULL NAME CANTERING TO GARAGE	
RD. Every YSICIANS statement	(a) Residence: No. PURER Hall Kunt Co	Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO PH Exact	3.65% 4. CONOR OR RACE 5. SINGLE, MARRIED, WIO OWED,	21. DATE OF DEATH M
	Aquiete White Phygreed (write the word)	Tel. 16 1932
TLY TLY red.		(Month) (Day) (Year)
E ZOE	5a. If married, widowed, er divorced HUSEAND (or) WIFE of	22. MIHEREBY CERTIFY, That Lattended deceased from
BIND PERMA EXA ly class	Janes Hages	- 1el 12,1932,19 fel 46,1932
BI E E	6. DATE OF BIRTH (month, day, end year)	I last saw h alive on the 14, 19.3. 7, death is said
FOR BI IS A PE stated E properly certificate	7. AGE Years Months Days If LESS then 1 day,hrs.	to have occurred on the date stated above, at
FOR IS A I stated properlifical	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER.	1-
ED HIS	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Corosin Interstation Methods Muhim
RV]	work was done, as SILK MILL, SAW MILL, BANK, etc	
N. N. S. P. S. P. S. P.	O 10. Oate deceased last worked et 11 Total time (years)	
RES VG I AGE that	this occupation (month and spant in this year)	
Z 4 - S	12. BIRTHPLACE (city or town) Krut Co Vud	Other Contributory Causes of importance:
AD AD sd. sd. s, s	(State or country)	JAMILIA CAMIN Says
RC NF plie rm nst	13. NAME CARRES Hague	
WITH UNFADI efully supplied. in plain terms, so ant. See instruct	14. BIRTHPLACE (city or town) Kenth Co. Md.	Name of operation Oate of Oate of
_ E :: 02	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
Y, WIT	15. MAIDEN NAME WIRELENDER	23. If death wes due to external causes (VIOLENCE) fill in also the following:
. ~ H L F	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
	∑ (State or country)	Where did injury occur?
AINI Id be DEA'	17. INFORMANT Deine Litteringer	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
E PLA Should OF D	(Address) Ceclifon Mail	
(F)	18. BURIAL, CREMATION OR REMOVAL	Manner of injury
WRITE mation sl CAUSE CTION is	Place/1 County C	Nature of injury
WRIT mation CAUS	19. UNOERTAKER THU I CONTROL	24. Was disease or injury in eny way related to occupetion of deceased?
SZ SZ	(Address) (Acultus (MG)	If so, specify
00	20. FILED 27/8 , 1932 Cowan	(Signed) M. D
FF	Registrar.	(Address) UTalsson Ma
	If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALBEAT TO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Car TH i	
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	of o	
	N. BEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
	INS tem	
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PLACE OF DEATH County Level	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Elkton My (No. Zest	Registration Dist. No. 97. (If death occurred lea hospital or institution, give its NAME in stead of street an
2FULL NAME	//lessles number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED. OR DIVORCED Surgle (Write the world)	16 DATE OF DEATH Selection (Mooth) (Day) (Year)
Hebruary 25, 1932 (Month) (Day) (Year)	that I last saw h
7 AGE If LESS than I dayhrs ds. ormin.?	The CAUSE OF DEATH * was as follows:
(a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds
9 BIRTHPLACE (State or country) Tenson Hospital Cellin)	Contributory Secondary (Signed) Contributory Secondary (Signed) Mostration M. D. M. D.
11 BIRTHPLACE OF FATHER (State or country) Flushing Long Island DY 12 MAIDEN NAME N OF MOTHER	*State the Viscase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidel or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country) Lake Wafalcong 1) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place of death
(Informant) Happitel record	Former or usual residence
(Address) Filed March 291922 Jase Registral	20 UNDERTAKER ADDRESS
If more banks are needed, addre.s : tate Negistra	r, 13 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census : nd American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Sulesman. (b) Grocery; additional line is provided for the latter statement; it sary to know fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. (a) Foreman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e g. Farmer or Flanker, tion applies to e ch and every person, irrespective cf cupation is very important, so that the relative healthwhatever, write None. Physici.n. report specifically the occupations of persons en-For many occupations a single word or term cn Farm laborer, Laborer-Coul mine, etc. Wom-Compositor, Architect, Locomotive engineer, neer, Stationary fireman, et. But in many without more precise specification as Day (b) Automobile factory. The material a the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISEALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. E.amples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrospinal meningitis", Diphtheria (avoid use of "Croup"); Ty, hold feer (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

st ted unless important. Example: Measles (disease ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Hiacmorrhage," atic), "Atrophy." "Collapse," "Com2," "Convulsions, causing death), 29 ds.; Bronchopncumonia (secondary), (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and quilify as ACCIDENTAL, SUICIDAL or HOMICIDAL, talien. For VIOLENT DEATHS state MEANS OF INJU., Y State cause for which surgical operation was undertions, su has "Asthenia," "Anaemia" (merely s; mptom-(secondar/ or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, can be assertained as the cause. Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Committee on Chronic etc. The contributory valvular Nomenclature Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (#553
1. PLACE OF DEATH	90
County Level	Registration Dist. No. 96
Village or City Port Deposit	NoSt., War f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. it of foreign birth?
2. FULL NAME Nellie D, mell	er.
(a) Residence: No. Ward (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agrice the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH JEL 78 , 198 3 2 (Month) (Day) (Year)
(or) WIFE of Jornaly Muller.	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Ohrel 25: 1874	I last sew h ex alive on Fele 26 19 0 2 Geath is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
5.7 /0 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8 Trade profession or particular	Q Cate otonse
kind of work done, as SPINNER, Consource P.	acute larenchym slow rephrete
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc	ace 1/2.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decaased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Real Louily	Other Contributory Causes of importance:
(State or country) Mary Land, 8	Vericardetes
13. NAME Folia W. Refeliance 14. BIRTHP(ACE (city or town) Le Corente Le	
4 14. BIRTHPLACE (city or town)	Name of operation
(State or country) Wary Land	What test confirmed diagnosis? Was there an eutopsy? X4
I 15. MAIDEN NAME Cuelda M Neulle	23. If death wes due to externel causes (VIOLENCE) fill in elso tha following:
15. MAIDEN NAME Euclda M Neulla 16. BIRTHPLACE (city or town) - Real County	Accident, sulcida, or homicide? Date of Injury, 19
(State or country) ware stand,	Where did Injury occur?
17. INFORMANT CADE CONTROL OF CON	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL: Place Description February 1932	Menner of injury
19. UNDERTAKER January Journal, Madress Have of Brace, Med	24. Was disaase or injury in any way related to occupation of daceased? 200
20. FILED 56 1932 Co Dandes	(Signed) crues of ten Caud
Registrar.	(Addrass) Liberty From Wes
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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Chronic interstitial nephritis 605 4 1022	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			0

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V. S. No. 1

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· E	xample I	7	Example II	
The principal cause of dea of importance were as foll	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis .	123D 9 100	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	23/10/17	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:	- 10-	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

01555

1. PLACE OF DEATH	(31)
County Cecil	Registration Dist. No.
Village or City Leolie	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	f death occurred in a hospital or institution, give its NAME instead of street and number)
0 + 1100111	,
2. FULL NAME Augustus U. Oldhas	M
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH /Z
Male White OR DIVORCED (write the word)	(Month) (Day) , 193 de (Year)
ia. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mary - adling Jorken	22. THEREBY CERTIFY. That I attended deceased from
+01 11 VG 5-1	Hast saw him dead Fely 17, 1932 death is said
5. DATE OF BIRTH (month, day, and year) 10. 4 1837 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at & Am.
Q / 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and specific property).	arteris. sclerasis
9. Industry or business in which work was done, as SILK MILL, Mean and	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
Jaci / Scale /	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) Cull County MA	Charlie Isterstitial
	Tiplatia
	Name of operation Petrice Data of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME May lor	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Jaylor 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Where did injury occur?
17 INFORMANT Locutty Styppel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) north Else Mod P.D	
18. BURIAL, CREMATION, OR MEMOVAL	Manner of injury
Piace Bay View Date 2 - 20 19.3.2	Natura of injury
19. UNDERTAKER South R Frank	24. Was disease or injury in any way related to occupation of deceased?
(Address) north East Ma	If so, specify
20, FILED 9-19-32,19 Mrs W. Quest.	(Signed) M. D
Registrar.	(Address) North Cost made

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 15 TRAS V. S.	July 5, 1927	Peritonitis	3 days ago
Anna Maran			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE	OF MARYLAND-	CERTIFICATE OF DEATH			
1. PLACE OF DEATH		(NOP) (1556)			
County level	007000000000000000000000000000000000000	Registration Dist. No. 92			
Yillage or City Lente	on	No. Elmon Hospital St., Ward			
Length of residence in city or town who		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?			
2. FULL NAME (a) Residence: No.	Illan Re	andels			
(a) Residence: No.		St., Ward.			
(a) Residence. To:	(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH			
Male 4. color of RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of		22. / I HEREBY CERTIFY. That I attended deceased from			
(or) WIFE of	1	Jen 3 / 1932 to 72h / 1932			
6. DATE OF BIRTH (month, day, and year)	Jon 31-1932	I last saw h alive on 3/			
7. AGE Years Months	Days If LESS than 1 day,	to have occurred on the date stated above, at 230 A m. Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER,		Date of onset			
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		000000			
work was done, as SILK MILL, SAW MILL, BANK, etc.					
0 10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this				
year)	occupation	Other Coutributory Causes of Importance:			
12. BIRTHPLACE (city or town)	el S. Znd	Difficult dabor			
(State or country)	n Paral	Posterior occipit position			
14. BIRTHPLACE (city or town)	ox 6 1 Pa				
14. BIRTHPLACE (city or town) (Stata or country)	April Va.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME MON	L. Lethle	What test confirmed diagnosis?			
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	2011	Accident, suicide, or homicide? Data of injury 19			
(State or country)	TO THE AND	Where did injury occur?			
17. INFORMANT OSCOLLA (Address) 106 W 264	m Reymon	(Specify city or town, county and State) Specify whather Injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	- 10 1 30	Mannar of Injury			
Place ONRUGE CEMELS	J Date / CL- 193 -	Nature of injury			
19. UNDERTAKER # IN Supply	er-	24. Was disease or injury in any way ralated to occupation of deceased?			
(Address)	iklan ma	If so, specify			
20. FILED 186 1. 1932 Je	Bunl () mge !	(Signed) M. D. (Address) Sekton M.D.			
If m	ore blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvaut—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

N. B.

1PLACE OF DEATH	(1557
	STATE OF MARYLAND
County Ceal	CERTIFICATE OF DEATH
. 0	Registration Dist. No.
Village or City Horth Eash (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME John Puses	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED, OR DIVORCEO (Write the word)	16 DATE OF DEATH 72 22, 1832 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
han (- 18)	Febr 22, 1927 to Feb 23, 193 2
(Month) (Day) (Year)	that I last saw h was alive on 7 de 22, 1982,
7 AGE If LESS than	and that death occurred on the date stated above, atm,
54 1 1 7 1 dayhrs.	The CAUSE OF DEATH * was as follows
2 4 yrs. / 1 mos. / 7 ds. or min.?	andra Extendenting
(a) Trade, profession or	
particular kind of work (b) General nature of industry	for him 20 much death
business, or establishment in	(Duration) yrsmosds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	(Duration)ds,
FATHER Matthews Russell	(Signed) M. D.
o 11 BIRTHPLACE	2/ 21 4 1982 (Address) Ridney Dies M
OF FATHER (State or country) Maryland	*State the Disease Causing Deatl, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
W 12 MAIOEN NAME	
of MOTHER	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER A	At place In the
(State or Country)	of death yrsds. State yrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs John Russell	Former or usual residence
(Address) Worth East Md G. A	BOLL VILLE MO Comp. Freb 25- 1932
15 7 25 22 fr 11 (1)	20 UNDERTAKER ADDRESS
Filed Z-25 32 192 Z & W Registrar	Joseph of Thank north Cash me
If more blanks are needed, address State Registrar	16 W. Salatoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been change household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons enetc., Foreman, (b) Automobile fuctory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesmon. without more precise specification as Day For persons who have no occupation (b)

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinul. EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIST to time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death approved by Committee on Nomenclature stated unless important. En ole Measus disease inges, perilonaeum, etc., Carcinomo, Sorcoma, etc., of American Medical Association.) Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, taken. For violent deaths state means and qualify as accidental, suicidal of healigidal, diseases resulting from childbirth or re-"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "I failure," "Haemorluge, "Inanition," "Maramus," "Old Age," Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasus); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation can be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronicand consequences (e. g., sepsis, et The contributory valvular heart, disease;

answered in detail, it will prevent further correspondence. All the pegnanently filed विद्यांत । essential and must be obtained before the certificate is

BINDIN

FOR

MARGIN RESERVED

V. S. No.

N. B.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANIMT RECORD IS A WITH UNFADING INK--THIS WRITE PLAINLY,

PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
	Registration Dist. No. 96
(hesseller	(16 June) command in
Village or City WY WWW (No.	St.: Ward) (If death occurred In a hospital or institution, give its NAME in
2 FULL NAME Harvey Sunth	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED WHILE WORD	18 DATE OF DEATH & 25 th , 1937
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
WT 27 1868	Oct 15 1929. 10 7eb. 75, 1927
(Month) (Day) (Year)	that I last saw h malive on Tele 75 19237,
7 AGE / [If LESS than	and that death occurred on the date stated above, at 6 & Clam.
/2 9 3 29 dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	j j
(a) Trade, profession or	L'arcinomala of muigo
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) 3 yrs. mos ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Duration)dsds.
TO NAME OF	t ti Manney
FATHER SUM, J. WILL	(Signed) M. D.
OF FATHER	Tet 16 190 (Address) In Just
Z (State or country)	*State the Disease Causing Death, ov. in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TI MAIDEN NAME OF MOTHER OF ARMA	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Ishuall. Myllers	usual residence
and Insufully Med.	19 PLACE OF BURIAL OR REMOVAL
(Address)	20 UN DERTAKER APPRESS
Filed 1/26 132 To Danders	20 INDERTAKER PATTERIAN TONY NO
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1,
	, ma.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed

as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death approved by Committee on Nomenclature American Medical Association.) "tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL scplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Iropsy," "Heart failure," "Haemorthage," .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephrilis, etc. The contributory Always qualify all

	STATE OF MARYLAND—	CERTIFICATE OF DEATH (155	9	
1. 1	PLACE OF DEATH	91-20		
	County Cecil	Registration Dist. No. 92		
	Village or City Eletton	No. St., death occurred in a hospital or institution, give its NAME instead of street and number	Ward	
	Length of residence in city or town where death occurredyrs,mos.		ds.	
2 1	FULL NAME Mary T Smit	1		
2. 1	(a) Residence: No. East Pricin	St., Ward.		
	(Usual place of abode)	If nonresident give city or town and State		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX	ale White OR DIVORCED (vortee the word)	21. DATE OF DEATH JEB (Month) (Day) (Day)	1 (Year)	
Н	metried, widowed, or divorced iUSBAND of or) WIFE of Joseph Smith	22. THEREBY CERTIFY. Thet I attended decea	sed from ح کور	
. DAT	TE OF BIRTH (month, day, and year) Mcl 26 1870	I last saw In alive on 4th 8 19 12 dea	th is seid	
AGE		to have occurred on the date stated above, et . 7 Pm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:		
8	8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	aculi hadocaditi; 2	offenset	
>	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.			
10	D. Date decessed last worked at this occupation (month and year)			
811	RTHPLACE (city or town) Waterford (State or country) Treland	Other Contributory Causes of Importance:	15/2	
	3. NAME no information			
14	I. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of		
15	5. MAIDEN NAME Was mil omnation	What test confirmed diagnosis?	y/	
	6. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	19	
-	FORMANT Procept Smith (Address) Fliction and	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
8. BU	Place Eletion alkohola Centry Date Fiby 12, 1932	Manner of injury		
19, UN	IDERTAKER 24 WP The Address Election 2016	24. Wes disease or Injury in any way related to occupation of deceased?		
20. FIL	ENTEblI- 1937 A Frank From	(Signed) Aterbut Bates	M. D	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FURFAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	83-Q
	County Cecil	Registration Dist. No. 4 76
	Village or City Rising Sun	NoSt.,Ward
	d 22	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth? Syrs
NS ent	Length of residence in city or town whore death occurred yrsmos	Of
CIA	2. FULL NAME Seorge William Si	sllors,
RECORD. Every PHYSICIANS Exact statement	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
THE STATE OF THE S	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH //
- N M	male white OR DIVORCED (write the word)	(Month) (Day) (Year)
NG NENT CTLN	5a If married widowed or divorced a 0 0.0	(Month) (Day) (Year)
O A A	HUSBANO of Givas M. Sollars (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
	6. DATE OF BIRTH (month, day, and year) Feb 12, 1862	Hast saw h Line alive on 7 19 32; death is said
	7. AGE 69 Years // Months 28 Days If LESS than	to have occurred on the date stated above, at 5 Pm.
FOR IS A I stated proper	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
		Cerrbral Armorkage Oata of one at
VED THIS Id be ty be tk of	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
RESERVED G INK—THIS GE should be that it may be ins on back of	Industry or hyeinass in which	
SERVENK-TI should it may in back	work was done, as SILK MILL, SAW MILL, BANK, etc	
E shout it it it on h	O Date deceased last worked at this occupation (month and year)	
NEGIN RES NFADING I pplied. AGE erms, so that instructions of	no -t	Other Contributory Canses of Importance:
ADING AG. AG. s, so this ructions	12. BIRTHPLACE (city or town) State or country)	ant toloradio
MARGIN ITH UNFADI Illy supplied. plain terms, so		Walter Received
AF UN uppl	E	Normal Constitution Protection
	14. BIRTHPLACE (city or town) (State or country) England	Name of operation Date of Was there an eulopsy? Was there an eulopsy? Date of
WITH WITH in plain ant. S		23. If death was due to external causes (VIOLENCE) fill in also the following:
9 = 6	I I	Accident, suicide, or homicide?
CY, car TH Dortz	16. BIRTHPLACE (city or town) (State er country) Empland	Where did Injury occur?
E PLAINLY, should be can or DEATH	FO C. C	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA hould DF D	17. INFORMANT ACCEPTAGE CAMPUTED CAMPUT	, , , , , , , , , , , , , , , , , , , ,
PI shou OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
图 四部	Place Place Banks Oate Feb 12 1933	Nature of injury
WRITE mation s CAUSE TION is	CE Typon	24. Was disease or injury in any way related to occupation of deceased?
T C H	19. UNDERTAKER (Address) Reams Sun. and	If so, specify
is No.	71/11-32	(Signed) 4 18 Lices M. D
××	20. File Marian Registrar.	(Address) Resuy due
	Magre blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
- (10 mm issual 1-11-1932	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	de 1 margi	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	- 6:46	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING V. S. No. 1

1. PLACE OF DEATH	(1561
County Cecil	Registration Dist. No. 92
	NoSt.,W death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Mobert Uneswell,	hackery
(a) Residence: No. West Process (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year
a. If merried, widowed, or divorced Elizabeth B. Hackery (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
DATE OF BIRTH (month, day, end year) aug 17 1853	last saw h alive on 726 / 1952; death is
AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 10 30 p.m.
78 5 14 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
Trade profession or particular	P
kind of work done, as SPINNER, Many and SAWYER, BOOKKEEPER, etc.	Labor Memoria /23
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Date deceased last worked at this occupation (month end spent in this year)	
8014+	Other Contributory Canses of importance:
2. BIRTHPLACE (city or town) (State or country) 2. BIRTHPLACE (city or town)	Drabeles mellitus
a f	
13. NAME House Hackery 14. BIRTHPLACE (city or town) Eletory	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diegnosis?
15. MAIDEN NAME Sarah Matthews	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah Matthews 16. BIRTHPLACE (city or town) Electrons (State or country)	Accident, suicide, or homicide?, 19_
(State or country) May land	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT him Elyabril Mackeny (Address) Election 2nd	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL PIECE ELICTOR Ceruly Date Fiby 4, 1932	Menner of Injury
9. UNDERTAKER H White (Address) Elector 2	24. Wes disease or injury in any way related to occupation of deceased?
20, FILED Tole of 1931 - 1 Trinks Deposition.	(Signed) Hebert Sala (Address) Ellon lud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BURRATT & S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 3	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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F te F	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01562
state UPA	1. PLACE OF DEATH	82-2
183 6 75	County eccl	Registration Dist. No. 6 95
6 2	Village or City Prising Sun	No. St., Ward
	(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of residence in city or town whete death occurred _ ! D _ yrs mos	ds. How long in U.S. it of foreign birth?yrsmosds.
Ev CIA	2. FULL NAME John Hazvey on	mend or
RD. Every YSICIANS statement	(a) Residence: No. () Turna (Usual place of abode)	A. St., Ward. If nonresident give city or town and State
panel .	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE Exa	3. SEX 4. COLOR OR BACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH OF . 15 132
TLY TLY ied.	5a. If married, widowed, or divorced 1. A - A	(Year) (Year)
NDING RMANEN X A C T I classified	HUSBAND of B ffee 6. 15 Noww	22. THEREBY CERTIFY. That I attended deceased from
	6. DATE OF BIRTH (month, day, and year)	I last saw h Mulalive on Tele (\$ 19.7 Teath Is said
F 7 6	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated abova, at
FOR IS A stated proper ertific	7 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Corchal howard as of
TED THIS d be y be k of	SAWTER, BOOKNEEPER, etc.	WI WIND TWILD FIRE OF
ERVI VK—T) should it may n back	Industry of business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Maria
00 4	1D. Date deceased last worked at this occupation (month and spent in this	NI WWW.
RES NG I AGE that	year) oscupation	Other Contributory Causes of importance:
2 4 6	12. BIRTHPLACE (city or town)	
MARGIN UNFADI supplied. n terms, so	(State or country)	
4: F D W	II 13. NAME & live of ownsend	
M.H. U. sulin tun t	4. BIRTHPLACE (city or town)	Name of operation Date of V
	Color of country)	What test confirmed diagnosis? Was there an autopsy? 1/
W W in an	E 80	23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
INLY, be cal EATH import	O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
PLAINLY ould be can be DEATH	17. INFORMANT Smily Townsend	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
[-1 0]	Funded Bures Growing a Date Jell 18 , 1932	- Nature of injury
WRITE mation s	Q. F. J. M. ma	24. Was disease er injury in any way related to occupation of deceased?
TO TO TO	19. UNDERTAKER & C. Joseph Mide	If so, specify
S. No. J	-A 2-11 32-P	(Signed) Comest 19 what 1 M. M.
Þ Z	20. ERED! Registrar.	(Address) Light home un
120	If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
Unu	1 12011 2-16-1902	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

I	Example I		Example II		
The principal cause of de of importance were as fol	ath and rolated causes	-Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAR 2 1932	1915	Attack of epilepsy	1 week ogo	
Chronic interstitial nephritis	1000	1921	Run over by street car	1 week ogo	
Cerebrol hemorrhoge	BUREAU V.	July 5,1927	Peritonitis	3 days ogo	
Other contributory causes	s of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				-	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

nfor- state	STATE OF MARYLAND—	CERTIFICATE OF DEATH		
	1. PLACE OF DEATH County Sleet	Registration Dist. No. 95		
ten of should of OCC	Village or City Rising Sun	No. St. Ward		
	· //	death occurred in a hospital or institution, give its NAME instead of street and number)		
Every CIANS ement	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. it of foreign birth?yrsmosds.		
ND. Every YSICIANS statement	2. FULL NAME THE SE			
	(a) Residence: No. Using Sun (Usual place of abode)	St., Ward. If nonresident give city or town and State		
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
L'A'	3. SEX 4. COLOR OR RACE ORDIVORCED ("write the word) Single Married, WIDOWED, ORDIVORCED ("write the word)	21. DATE OF DEATH MONTH, (Day) 1932 (Year)		
BINDING PERMANEN EXACT y classified te.	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY That Attended deceased from		
A SKO	6. DATE OF BIRTH (month, day, and year) March 25, 1930	Hast saw h manalive on the sulf of 1932 death is se		
R P P ed erl	7. AGE Years Months Days If LESS than 1 day. hrs.	to have occurred on the data stated above, at 7-00 m.		
FOR IS A I stated properline	/ / / / / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as 104000. Date of one at		
10	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc	moudstons Ital		
K—TI lould may back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1/32		
SE S	kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spentin this			
RES I AGE that	year) occupation (month and spent in this	Other Contributory Causes of Importance		
2 4	12. BIRTHPLACE (city or town) Clary Sun. (State or couptry)	Parks for the standing state		
MARGIN I UNFADI supplied. n terms, so ee instruct		Just on one P732		
D D D D D	13. NAME Samuel Lumble 14. BIRTHPLACE (city or town) Lonowings	Name of operation		
T +H 70	(State of Country)	What lest confirmed diagnosis? Was there an autopsy?		
WITH WITH efully in pla	15. MAIOEN NAME Ethel breavell 16. BIRTHPLACE (city ar town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:		
1. H + T	O 16. BIRTHPLACE (city ar town) Sun (State or country)	Accident, sulcide, or homicida?		
PLAINLY, ould be car E DEATH ery import	17. INFORMANT Samuel Timble	Where did Injury occur? (Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
E PLA should OF DI	(Addrass) Rising Sun. mg.			
	18. BURIAL, CREMATION, OR REMOVAL Place Survivarian Madato 7-96 5 193	Manner of injury		
WRITE mation s CAUSE TION is	160/4	Nature of injury		
B. We. 1	19. UNDERTAKER (Appliess) /3	24. Was disease er injury in any way related to occupation of deceased?		
zi C	20. FILEO 2 - 4 - 19 35 +	(Signed)		
s z	Jenese mynyhun glow Registrar.	(Address)		
Ven	mit with 2 11 more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Regulesting V. & No. 1.		

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Example I		Example II			
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Chronic interstitial nephritis 1100 9 1009	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUREAU V.S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

_	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYSI	CIAN	
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(Informant) 2

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shou Every Item CIANS sho statement Item

PLAIN

BINDIN

FOR

RESERVED

MARGIN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

BURIAL

MEDICAL CERTIFICATE OF DEATH (Day) (Year) (Month) ttended the deceased from and that death occurred on the date stated above, at / 030 The CAUSE OF DEATH * was as follows: (Duration) Contributory Secondary (Duration) yrs.....mos..... (Signed) (Address) *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) In the At place State yrs mos ds. of deathyrsds. Where was disease contracted, if not at place of death?...... Former or

usual residence

Registra

if more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specimeaning, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, acqident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-"Heart failure," "Haemorrhage, Chronic vavuum nenhritis, etc. The contributory and consequences (e. g., sepsis, "Senile," etc.), "Dropsy, Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As example Spinner, (b) Cotton mill; (a) Salesman, (b) Greey, (a) Foreman, (b) Automobile feetery. The materix additional line is provided for the latter statement. fulness of various pursuits can be known. The queseupation is very im ortant, so that the relative health business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, thorer Farm laborer, Laborer—Coal mine, etc. Wommen at home, who are engaged in the duties of the horsehold only (not paid Housekeepers who receive a wor'd on may form part of the second statement. "Sever return 'Laborer," "Foreman," "Manager," "Dealer." et., without more precise specification as Day nature of cases, especially in inda till amployments, it is necesthe first line will be sufficient, e.g., I rener or Planter, tion applies to each and every Statement of Occupation Precise statement of ocwhatever, write None Housemaid, etc. Physician. Compositor. lite salary), may be entered as Housewife, Houseged, as At school, or At home. Care should be taken report specifically the occupations of persons ento know engin For many occupations a single word or term on At Home, and children, not without more precise specification as Day he bulless or industry, and theref For persons who have no occupation If the occupation has been changed the blind of work and Archiat, person, irrespective of Locomotire gainfully em-But in many

Stateme t of Can e of Death—Name, first, the Distance CAU INC DEAT. the product of a second to time and caus ton, will galways the same accepted term for the since dings. Enables: Cerebrowpina fever (the only deflict synnym is implemented cerebro spinal mentalities; Diphthena avoid use of "Croup". Typhoid fever in the order of the production. Bronchopnenumna. "Pneumonia".

"Uraemia," "Weakness," etc., whon a definite disease telanus) may be stated under the head of "contributory" "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," approved carbolic acid-probably sweide. The neture of the injury, discases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL perilonitis," can be ascertained as the cause. Always qualify tions, such as "Asthenia," "Anacmia" (merely symptomstated unless important. (secondary or intercurrent) affection need not use of "Tumor" for malignant neoplasms); Me.sles; inges, perilonaeum, etc., Carcinomu, Sarcoma, etc., o. American Medical Association. as fracture of skull, and consequences e.g., se, we, accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HO TICE taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was Whooping cough, Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy." "Collapse." "Coma," "Convulsions," Never report mere symptoms or terminal condideath), 23 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature Chronic Example: Measles (discase etc. The contributory valvular heart clc.

answered in detail, it will prevent further correspondence. he duty is esential and must be obtained before the certificate is permanently filed.

MAR 4 193

20

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or thy well in Figure 12 FULL NAME Illiam H	Registration Dist. No. 96 St: Ward) Ward) (If death occurred is a hospital or institution, give its NAME is stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 COLOR OF RACE SINGLE, MARRIED, WIDOWED. OR DIVORCES (Write the word) 6 DATE OF BIRTH	(Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h Malive on Feb. 23, 1937
7 AGE If LESS than I day hrs. or min.?	
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	(Signed)
of MOTHER CAMPLE A PRINTER. 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents) At place of death yrs mos ds. State yrs mos d
(Informant) (Address) (Address) (Address)	if not at place of death? Former or usual residence
Filed 9/26 1922 To Hauders Registrar 16 more hanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death lefanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthonia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.